

Cabinet for Health Services  
Department for Public Health  
**Division of Laboratory Services**  
100 Sower Blvd Suite 204 Frankfort KY 40601

Lab 254A (Rev 8/99)

## RABIES EXAMINATION

Address for hand delivery of specimens only!

### Incident Information

Kind of animal: ☐ Dog ☐ Cat ☐ Fox ☐ Skunk ☐ Bat ☐ Raccoon ☐ Other \_\_\_\_\_

Was animal: ☐ Owned ☐ Stray

Was animal vaccinated: ☐ Yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ No  
mo year

Symptoms suggestive of Rabies: ☐ No ☐ Yes \_\_\_\_\_

County of incident: \_\_\_\_\_

### Reason for Request

Person bitten? ☐ Yes, (name) \_\_\_\_\_ ☐ Animals exposed \_\_\_\_\_  
(area of body) \_\_\_\_\_

Person: ☐ Scratched ☐ Licked ☐ Touched ☐ No known exposure

Other human exposure (specify) \_\_\_\_\_

### Specimen Information

Animal: ☐ Killed ☐ Died (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_) Packed for shipment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day mo year day mo year

### Identification

Preference: (Must be a person's name) **Owner** if known, or **Person exposed**

Name: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_ County \_\_\_\_\_

Submitting County Health Department: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

If applicable: Vet Clinic, or Reference Lab (Ref # \_\_\_\_\_)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

### All below for DLS use ONLY

Id #:

Received:

Lab #:

###

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### Phone Record

Preliminary Report: \_\_\_\_\_ To: \_\_\_\_\_

Date / time: \_\_\_\_\_ By: \_\_\_\_\_

Confirmatory Report: \_\_\_\_\_ To: \_\_\_\_\_

Date / time: \_\_\_\_\_ By: \_\_\_\_\_

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